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ABSTRACT

If acquired immune deficiency syndrome (AIDS) becomes more widespread in the heterosexual population, college students, because of their single status and life style, will be at special risk. This study examined the attitudes of 226 college students toward persons with AIDS, their feelings about AIDS victims, their ideas on what to do about AIDS victims, and whether or not the awareness of AIDS has led to changes in their sexual behavior. The overall findings generally supported the idea that females were much more sensitive than males towards AIDS victims and were more willing to interact with AIDS victims. Females were also more likely than males to have changed some of their sexual practices, while both males and females did not see themselves at risk for AIDS. Approximately 80% of all subjects agreed that a national screening program for AIDS was necessary. Forty-two percent of males and 31% of females felt that isolation of AIDS victims/carriers in camps or colonies would be justified if AIDS ever reached epidemic proportions in the heterosexual population. Thirteen percent of males and seven percent of females endorsed the idea that termination of AIDS patients would be warranted to stop the spread of AIDS if the disease reached epidemic proportions in the heterosexual population, while an additional 25% of respondents responded with "no opinion" to this question. The findings suggest that AIDS is poorly understood and, in order to decrease the possibility of fear and panic, a widespread, simple, direct, immediately available educational program is needed. (NB)

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# Sex Differences on Attitudes Towards AIDS Among College Students

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Acquired Immune Deficiency Syndrome (AIDS) is fast becoming a topic of upmost concern for most people in this country. College students, because of their single status and life style, will be at special risk if the disease becomes more widespread in the heterosexual population. Yet, a casual check with staff members at student health centers on several campuses indicates that most students are unrealistically optimistic about their AIDS risk. They tend to feel that they themselves are unlikely ever to contract AIDS, and, consequently, they tend to ignore health practices that are associated with AIDS prevention.

This study was designed to investigate attitudes and beliefs of college students towards AIDS. More specifically, attitudes and beliefs towards AIDS were examined in four areas: (1) Attitudes toward people with AIDS; (2) feelings about AIDS victims; (3) ideas on what to do about AIDS victims; and (4) whether or not the awareness of AIDS has led to changes in one's sexual behavior.

## Method

Subjects: Subjects were 102 male and 124 female college students from a state university in the eastern region of North Carolina. Age ranged from 18 to 22, with a mean age of 19 for both sexes, and the vast majority of the subjects were freshmen. Of the entire subject sample, only one S was Asian, and there were twenty-three Blacks. Three subjects indicated an exclusive homosexual orientation, two others endorsed a bisexual orientation, and the remainder were heterosexual.

Instrument: A questionnaire was developed to measure each of the four

previously mentioned areas. There was a total of 21 items, each on a 5 point Likert scale, ranging from strongly agree (1) to strongly disagree (5). In addition, each S was asked to make an assessment of his or her personal risk for AIDS. Finally, demographic data for sex, race, and class year were collected.

Procedure: Questionnaires were distributed in introductory psychology classes during a regular class period. Questionnaires were completed voluntarily, anonymously, and privately.

## RESULTS

The overall findings generally supported the idea that females were much more sensitive than males towards AIDS victims and more willing to interact with AIDS victims. Females were also more likely to have changed some of their sexual practices, while both male and female subjects did not see themselves at risk for AIDS.

Four items were designed to measure attitudes towards AIDS victims, and, of these, only one produced a significant sex difference. Fifty-five percent of the females endorsed an attitude of sympathy for AIDS victims, compared to thirty-five percent of the males. There was some suggestion (79% for males, 69% for females; $p=.07$) that the degree of male sympathy was more contingent than that of females on how the disease was contracted. In the feelings about interacting with AIDS victims section, three of the five items produced significant sex differences. More females indicated that they would continue to be friends and would interact with a friend who contracted AIDS, ~~would not mind being on the same hospital ward with an AIDS patient~~, and would continue working side-by-side with an AIDS infected co-worker. Males, on the other hand, were less likely to

mind being hospitalized on a ward with an AIDS patient.

The third section was concerned with what must be done with AIDS victims, and two of the seven items discriminated between the two sexes. Females more frequently endorsed ideas that AIDS victims should be allowed to work and interact publicly and that society should do everything possible, no matter what the cost, to care for AIDS victims. In addition to the sex differences, this section produced some very interesting findings. Approximately 80 percent of all subjects agreed that a national screening program for AIDS was necessary. Forty-two percent of the males and thirty-one percent of the females felt that isolation of AIDS victims/carriers in camps or colonies would be justified if AIDS ever reached epidemic proportions in the heterosexual population. Thirteen percent of the males and seven percent of the females endorsed the notion that termination of AIDS patients would be warrented to stop the spread of AIDS if the disease reached epidemic proporations in the heterosexual population. While these percentages are relatively small, an additional twenty-five percent of both males and females responded with no opinion to the above statement. Thus, approximately 38 percent of the males and 32 percent of the females either agreed with or had no opinion about the "termination solution" for AIDS patients.

The last section asked questions dealing with how knowledge of AIDS had changed personal sexual behavior, and significant sex differences were noted for three of the five questions. Females more frequently indicated that they had drastically reduced the number of their sexual partners, and that they were now more likely to ask prospective partners about previous homosexual and heterosexual

experiences.

Eighty-eight percent of the males and ninety percent of the females indicated that their risk of contracting AIDS was low or almost none. Somewhat paradoxically, 54 percent of the males and 53 percent of the females reported that they now insist on the use of condoms during intercourse. In addition, only 36 percent of all respondents felt that a complete cure for AIDS would be found in the next few years.

## DISCUSSION

A review of these data suggests some inconsistent and paradoxical findings among the respondents. Neither males nor females report themselves to be at risk for AIDS beyond a very low level, but approximately 50 percent of both sexes indicated that they now insist on the use of condoms during intercourse. This could indicate a real lack of knowledge about AIDS, a denial factor in regards to AIDS risk, and/or the conflicting information about AIDS that is being disseminated by "experts." For example, one only has to consider the recent publication, Crisis: Heterosexual Behavior in the Age of AIDS by Master, Johnson, and Kolodny, to understand the confusion concerning the risk and degree of danger to the heterosexual population. The authors of the book were highly criticized in various scientific quarters for their assertion that "the AIDS virus is now running rampant in the heterosexual community" and their suggestion that AIDS can be spread through casual contact like kissing. The latter claim goes against reams of previous research which has shown that AIDS is transmitted only through sexual contact, injected blood, or from mother to infant. At any rate, the findings in this study

would seem to make a strong case for the need for educational activities, especially among groups such as college students who have a potentially high risk factor.

These data also support the contention that females are more likely to be supportive, sympathetic and understanding in regards to AIDS victims and their plight. Of the 22 items on the questionnaire, significant sex differences were noted on nine. Of those, eight were more likely to be endorsed by females. These differences might be associated with traditional sex roles. That is, men might be expected to demonstrate a more "macho" response style, while women might be expected to be softer and more caring. Another explanation might reside in the fact that an acknowledgement of an AIDS risk factor would have a tendency to cause a decrease in sexual behavior or place the individual in a state of cognitive dissonance. A typical male response to this conflict might be simply to deny the risk rather than forego or limit sexual gratification.

Data from the present study would also seem to suggest a significant level of fear in the student sample. Subjects endorsed a need for national AIDS screening, indicated that they had changed sexual practices, and were somewhat pessimistic in regards to finding a quick cure for AIDS disease. On a more frightening note, about 40 percent of both males and females were willing to put AIDS victims in isolated camps should the disease reach epidemic proportions, and more than 30 percent of the Ss did not object to the notion of termination of AIDS victims if the AIDS virus becomes widespread in the heterosexual population. One might speculate, then, that should the disease become more widespread, AIDS victims might, indeed, be very

poorly treated by the general population. These findings certainly suggest that AIDS disease is poorly understood, and, furthermore, in order to decrease the possibility of fear and panic, a widespread, simple, direct, immediately available educational program is needed. It would appear that, only through education, can the public understand the ramifications of this disease, and, then, assist in its eradication.